

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Ostrander For Congress

ADDRESS (number and street)

PO Box 1105

Check if different
than previously
reported. (ACC)

San Luis Obispo

CA

93406

2. FEC IDENTIFICATION NUMBER ▼

C

C00575696

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

24

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

01

Y Y Y Y

2015

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Joni Marie Martinez

Signature of Treasurer

Joni Marie Martinez

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

30

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 13

Write or Type Committee Name

Ostrander For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1875.00	20317.97
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1875.00	20317.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3278.30	21364.95
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3278.30	21364.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	303.26	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1350.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 13

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Ostrander For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

1600.00

16744.00

(ii) Unitemized.....

275.00

3073.97

(iii) TOTAL of contributions from individuals ▶

1875.00

19817.97

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

500.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

1875.00

20317.97

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

1350.00

1350.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

1350.00

1350.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.24

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

3225.00

21668.21

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 13

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3278.30	21364.95
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3278.30	21364.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	356.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3225.00
25. SUBTOTAL (add Line 23 and Line 24).....	3581.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3278.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	303.26

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. Todd Isaacson

Mailing Address 809 S. Gretna Green Way

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pathmatics

Occupation

Vice President Strategic Sales

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.4339

Amount of Each Receipt this Period

250.00

Donation

Full Name (Last, First, Middle Initial)

B. Beth Reynolds

Mailing Address 7979 Davenport Creek Rd.

City

San Luis Obispo

State

CA

Zip Code

93401

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Cal Poly

Occupation

Animal Sciences Lecturer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		20		2015

Transaction ID : SA11AI.4334

Amount of Each Receipt this Period

600.00

Donation

Full Name (Last, First, Middle Initial)

C. Thomas F. Rippner

Mailing Address 6448 Squire Ct.

City

San Luis Obispo

State

CA

Zip Code

93401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		14		2015

Transaction ID : SA11AI.4321

Amount of Each Receipt this Period

500.00

Donation

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

Eric Veium**A.**

Mailing Address 1724 Osos St.

City

San Luis Obispo

State

CA

Zip Code

93401

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Cal PolyOccupation
Energy Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2015

Transaction ID : SA11Al.4332

Amount of Each Receipt this Period

250.00

Donation

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.00

1600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 13

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Ostrander For Congress

A. Full Name (Last, First, Middle Initial)
William Ostrander

Mailing Address 1996 Sycamore Canyon Rd.

City State Zip Code
 San Luis Obispo CA 93405

FEC ID number of contributing federal political committee. **C** **H6CA24287**

Name of Employer Occupation
 Ostrander Grass Hay Farmer

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 1850.00

Date of Receipt

M M / D D / Y Y Y Y
 12 22 2015

Transaction ID : SA13A.4342

Amount of Each Receipt this Period

1350.00

Personal Funds

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

1350.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. Crotty Consulting Inc.Mailing Address 8778 Spectrum Center Blvd.
Unit B141

City San Diego State CA Zip Code 92123

Purpose of Disbursement
Consulting Services

Candidate Name

William Ostrander

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2015

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4352

B. Jamie Crutchfield Design

Mailing Address 780 Marina St.

City Morro Bay State CA Zip Code 93442

Purpose of Disbursement
Web & Graphic Deisng

Candidate Name

William Ostrander

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2015

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4354

c. Jamie Crutchfield Design

Mailing Address 780 Marina St.

City Morro Bay State CA Zip Code 93442

Purpose of Disbursement
Web & Graphic Design

Candidate Name

William Ostrander

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2015

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.4355

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1450.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. Jamie Crutchfield Design

Mailing Address 780 Marina St.

City	State	Zip Code
Morro Bay	CA	93442

Purpose of Disbursement
Web & Graphic Design

001

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2015

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4356

B. Jamie Crutchfield Design

Mailing Address 780 Marina St.

City	State	Zip Code
Morro Bay	CA	93442

Purpose of Disbursement
Web & Graphic Design

001

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2015

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.4357

c. Jamie Crutchfield Design

Mailing Address 780 Marina St.

City	State	Zip Code
Morro Bay	CA	93442

Purpose of Disbursement
Web & Graphic Design

001

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2015

Amount of Each Disbursement this Period

676.54

Transaction ID : SB17.4358

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1026.54

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. Political Data Inc.Mailing Address 12501 Imperial Highway
Suite 200

City Norwalk State CA Zip Code 90650

Purpose of Disbursement
Online Software

Candidate Name

William Ostrander

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2015

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4353

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.00

3228.99

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 13

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4342

LOAN SOURCE Full Name (Last, First, Middle Initial)

William Ostrander

[PERSONAL FUNDS]

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1996 Sycamore Canyon Rd.

City

State

ZIP Code

San Luis Obispo

CA

93405

Original Amount of Loan

1350.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1350.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 22 / 2015

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1350.00

TOTALS This Period (last page in this line only)..... ►

1350.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3) **LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Ostrander For Congress		Transaction ID : SC/10.4342.SC1		FEC IDENTIFICATION NUMBER	
		C		C00575696	

LENDING INSTITUTION (LENDER)		Amount of Loan		Interest Rate (APR)	
Full Name William Ostrander - Personal Funds		1350.00		0.00 %	
Mailing Address 1996 Sycamore Canyon Rd.		Date Incurred or Established		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>12 / 22 / 2015</div> </div>	
City San Luis Obispo		State CA		Zip Code 93405	
		Date Due		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>none</div> </div>	
		Back Ref SC/10.4342			

A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>	
B. If line of credit,		Total Outstanding Balance:		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>	
Amount of this Draw:		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>			
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:				What is the value of this collateral? <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>0.00</div> </div>	
				Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:				What is the estimated value? <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>0.00</div> </div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).				Location of account:	
Date account established:				Address:	
<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>				City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Joni Marie Martinez Signature				DATE <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>01 / 30 / 2016</div> </div>	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION:					
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					

AUTHORIZED REPRESENTATIVE		<i>[Electronically Filed]</i>		DATE	
Typed Name Joni Marie Martinez				<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>12 / 22 / 2015</div> </div>	
Signature Joni Marie Martinez		Title Treasurer			